

TAXPAYER NOTICE OF CLAIM

FOR OFFICIAL USE ONLY

Filed with the following tax officer:

Pursuant to A.R.S. § 42-16254

- ☐ COUNTY ASSESSOR based on valuation or classification.
☐ DEPARTMENT OF REVENUE based on valuation or classification.
☒ COUNTY BOARD OF SUPERVISORS based on error of tax rate.

DATE RECEIVED 12/09/10
 NUMBER 20101209138

DATE FILED: _____ NOTE: IF MAILED, SEND CERTIFIED

1. COUNTY COCHISE BOOK/MAP/PARCEL 105 - 41-257008
 2. IF THIS IS A MULTIPLE PARCEL CLAIM, CHECK HERE ☐ AND ATTACH A TAXPAYER NOTICE OF CLAIM MULTIPLE PARCEL FORM (82179BB).
 3. PROPERTY ADDRESS OR LEGAL DESCRIPTION: 505 E. VIA LUNA SIERRA VISTA AZ 85635
 4A. OWNER'S NAME AND ADDRESS AS SHOWN ON TAX ROLL:
EDWIN K. MORRIS
P.O. BOX 4037
SIERRA VISTA AZ 85636
 4B. MAIL DECISION TO:
EDWIN K. MORRIS
P.O. BOX 4037
SIERRA VISTA AZ 85636

5. BASIS FOR CLAIM AND REQUESTED CORRECTION:
UNFAIRLY REPRESENTED BY COMMERCIAL
RULING OF COUNTY. SEE ALL
LEASES FOR LAST TWO YEARS
SEE INCL. FOR RAINBOWBART AND ADJUSTMENT.

LEGAL CLASS	LAND FCV:
TAX YEAR	IMPS. FCV:
ASSMT. RATIO	TOTAL FCV:
	TOTAL LPV:
LEGAL CLASS	LAND FCV:
TAX YEAR	IMPS. FCV:
ASSMT. RATIO	TOTAL FCV:
	TOTAL LPV:
LEGAL CLASS	LAND FCV:
TAX YEAR	IMPS. FCV:
ASSMT. RATIO	TOTAL FCV:
	TOTAL LPV:

6. COMPLETED BY: (Owner, Agent, or Attorney)

EDWIN K. MORRIS
 NAME/COMPANY NAME
P.O. BOX 4037
 ADDRESS
SIERRA VISTA AZ 85636
 CITY STATE ZIP
(520) 508-3737
 TELEPHONE

AGENTS ONLY:

STATE BOARD OF APPRAISAL # _____ SBOE # _____
 Include a current Agency Authorization Form (82130AA) with this notice. (PIMA AND MARICOPA COUNTIES ONLY)

7. Notice is hereby given to the Tax Officer that an error has occurred in the assessment of the property identified by parcel number or tax roll number in this claim. A description of the claim and evidence to support the claim is provided.

SIGNATURE OF OWNER OR REPRESENTATIVE

DATE

TELEPHONE

DO NOT WRITE BELOW THIS LINE - FOR TAX OFFICER'S USE ONLY

- ☐ TAX OFFICER CONSENTS TO CLAIM OF ERROR.
☒ TAX OFFICER DISPUTES CLAIM OF ERROR BASED ON THE FOLLOWING:
 ARS 42-12054 PRECLUDES THE ASSESSOR FROM RECLASSIFYING PROPERTY AFTER THE ROLLS HAVE CLOSED, WITH THE EXCEPTION OF AN OWNER OCCUPIED PARCEL. SUBJECT PROPERTY IS NOT OWNER OCCUPIED. CURRENT USE WILL BE REFLECTED IN 2012 ASSESSMENT.

☐ NOTICE OF MEETING: A meeting to discuss your claim has been scheduled as follows. If you do not plan to attend the meeting, please notify the Tax Officer. (See instructions)

Date 2/3/11 Time 10:00 AM Location ASSESSOR'S OFC, 1415 MELODY LN, BLDG B, BISBEE, AZ (TELEPHONIC MEETING IS ACCEPTABLE.)

Signature of Tax Officer's Representative

TED OFFUTT, DEPUTY ASSESSOR

Name and title of Tax Officer's Representative (Please Print or Type)

Date

520) 432-8650
 Telephone

PETITION FOR REVIEW OF TAXPAYER NOTICE OF CLAIM

Pursuant to A.R.S. § 42-16254

FOR PETITIONS FILED IN MARICOPA OR PIMA COUNTY, SUBMIT TO THE STATE BOARD OF EQUALIZATION (SBOE).
IF FILED IN ANY OTHER COUNTY, SUBMIT TO THE COUNTY BOARD OF EQUALIZATION.

- File this petition within 150 DAYS after the original filing date of the taxpayer notice of claim if dissatisfied with the Assessor's decision.
- **Keep a copy for your records** and mail or hand deliver one copy to either the County or State Board of Equalization.
- Deliver one copy to the Tax Officer. If mailed, send **certified mail**.
- Include an Agency Authorization form with this petition if the agent has not represented the taxpayer at the Assessor level.
- Complete Items 1 through 8 where applicable.

1. COUNTY Cochise BOOK/MAP/PARCEL 105-14-257-008 ACCOUNT NUMBER _____
 2. PROPERTY ADDRESS OR LEGAL DESCRIPTION 505 E VIA LUNA SIERRA A VISTA AZ 85635
 3. TYPE OR PRINT OWNER'S NAME AS LISTED ON TAX ROLL EDWIN K MORRIS
 4. MAIL DECISION TO: PO BOX 4037
SIERRA VISTA AZ 85636
 5. COMPLETED BY: (Owner) Agent, or Attorney EDWIN K MORRIS

520 459 1779 H
520 508 3737 C
 TELEPHONE NUMBER

AGENTS ONLY: State Board of Appraisal # _____ SBOE # _____ (Pima and Maricopa Counties Only)

6. **BASIS FOR THIS PETITION:** Additional documents submitted must contain the book, map and parcel number or tax roll number and be attached to the petition. Evidence contained in this appeal could be the basis for either increasing or decreasing the valuation, changing the classification, or no change.

THIS PETITION IS BASED ON THE FOLLOWING METHOD(S) OF VALUATION: MARKET ☐ COST ☐ INCOME ☐

INCORRECTLY CHARGED COMMERCIAL RATE

7. TAX OFFICER'S PROPOSED CORRECTION

<u>2009</u>	LEGAL CLASS <u>Commercial</u>	LAND FCV:
TAX YEAR	ASSMT. RATIO	IMPS. FCV:
		TOTAL FCV
		TOTAL LPV:
<u>2010</u>	LEGAL CLASS <u>Commercial</u>	LAND FCV:
TAX YEAR	ASSMT. RATIO	IMPS. FCV:
		TOTAL FCV:
		TOTAL LPV:
	LEGAL CLASS	LAND FCV:
TAX YEAR	ASSMT. RATIO	IMPS. FCV:
		TOTAL FCV:
		TOTAL LPV:

OWNER'S OPINION OF VALUE

<u>2009</u>	LEGAL CLASS <u>Residential</u>	LAND FCV:
TAX YEAR	ASSMT. RATIO	IMPS. FCV
		TOTAL FCV:
		TOTAL LPV:
<u>2010</u>	LEGAL CLASS <u>Residential</u>	LAND FCV:
TAX YEAR	ASSMT. RATIO	IMPS. FCV
		TOTAL FCV:
		TOTAL LPV:
	LEGAL CLASS	LAND FCV:
TAX YEAR	ASSMT. RATIO	IMPS. FCV:
		TOTAL FCV:
		TOTAL LPV:

8. I hereby request that the proposed correction described above be reviewed by the County or State Board of Equalization and that the Board consider the provided information in making its determination. I hereby affirm that the information included or attached is true and correct.

☐ IN PIMA AND MARICOPA COUNTIES ONLY:
Check here if you want this appeal to be heard on the record and submit any additional written or typed information with this form. This means that neither you nor the assessor will appear in person before the State Board of Equalization to offer oral testimony.

X Edwin K Morris
SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE

20 Jan 2011
DATE

BOARD OF EQUALIZATION DECISION	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASMT RATIO
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BASIS FOR DECISION: _____

DATE RECEIVED

DATE DECISION MAILED

CHAIRMAN OR CLERK OF THE BOARD